



01-132

TEXAS DEPARTMENT OF HEALTH
Austin Texas
INTER-OFFICE

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Mike Montgomery, Chief {original signed by Brenda Bardwell}
Chief, Bureau of Nutrition Services

DATE: December 3, 2001

SUBJECT: FY 2002 Funding for Peer Counselor Programs

Texas WIC is in the process of requesting Operational Adjustment funding from USDA for FY 2002 for Peer Counselor Programs. The State Agency will distribute this funding to local agencies to start, expand, or maintain their Peer Counselor Programs. If your agency is interested in applying for additional funding to cover the costs of training and paying peer counselors, please fax the attached form to the WIC state office by December 17, 2001. This request must be submitted to receive FY 2002 operational adjustment funds regardless of whether you received them in FY 2001.

Your agency must submit this request if you have billed for FY 2002 peer counselor funding on a separate B-13, (in accordance with the memo dated August 31, 2001). Any amount you have billed for peer counselor expenses for October, November, and December, 2001 will be included in your total FY 2002 allocation.

If you have any questions or would like assistance completing the funding request form, please call Jewell Stremmer, Peer Counselor Coordinator, at (512) 406-0744 or (512) 406-0700, ext. 303#.



Peer Counselor Program Funding Request

Local Agency Name: _____ Local Agency Number: _____
WIC Director: _____ Breastfeeding Coordinator: _____
Phone# _____ Phone # _____

FY 2002 Proposed Budget

Indicate whether this request will cover the costs of:

_____ Starting a new peer counselor program, or _____ Expanding or maintaining a currently existing program. If you currently have a program, please complete section A and B, if starting a new program complete section B:

SECTION A:

How many peer counselors are currently employed? _____

What is the total number of hours worked per month by all peer counselors combined? _____

If you spent money in FY2001, in addition to your OA funding, on your peer counselor program, how much did you spend? _____

If you are billing for additional funding for peer counselor expenses in FY 2002 according to your letter of August 29, 2001, how much have you billed? Please include amounts billed in October, November, and estimate amount to be billed for December, 2001. \$ _____

SECTION B:

Itemize expected expenses for January 1 thru September 30, 2002 below:

SALARIES:

Counselors salaries:

Number of Counselors _____ X _____ wks. X _____ hrs./wk. = _____ hrs. @ \$ _____ = \$ _____

Counselors salaries during peer counselor training (20 hrs.):

Number of Counselors _____ X 20 hrs. = _____ hrs. @ \$ _____ = \$ _____

Trainer:

If you plan to hire someone to help with the training:

Trainer _____ hrs. (20 hrs. class, _____ hrs. preparation) @ _____ hr. = \$ _____

Sub total Salaries

\$ _____

Social Security at 7.65%

\$ _____

TRAINING MATERIALS:

books, notebooks, handouts, copies, name tags, etc.

_____ no. of counselors X \$60 ea. \$ _____

Total Jan. thru Sept., 2002 \$ _____

Total Oct. thru Dec., 2001 \$ _____

TOTAL REQUEST \$ _____

How much of this request will be spent to maintain existing services? \$ _____

How much of this request will be spent to expand services? \$ _____

Please FAX this sheet by **December 17, 2001** to:
Attn: Jewell Stremmer, Peer Counselor Coordinator
FAX (512) 406-0722